

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☒ Interim ☒ Final

Date of Report 07/17/2018

Auditor Information

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Mailing Address: 2728 Plaza Drive	City, State, Zip: Jefferson City, MO 65109
Telephone: 573-522-3335	Date of Facility Visit: January 23-25, 2018

Agency Information

Name of Agency: California Department of Corrections and Rehabilitation		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 1515. South Street, Ste. 351-N		City, State, Zip: Sacramento, CA 95811	
Mailing Address: P.O. Box 942883		City, State, Zip: Sacramento, CA 94283-0001	
Telephone: 916-985-8561		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: We Enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities.			
Agency Website with PREA Information: http://www.cdcr.ca.gov/PREA/index.html			

Agency Chief Executive Officer

Name: Scott Kernan	Title: CDCR Secretary
Email: Scott.Kernan@cdcr.ca.gov	Telephone: 916-445-7688

Agency-Wide PREA Coordinator

Name: Shannon Stark	Title: Captain		
Email: Shannon.Stark@cdcr.ca.gov	Telephone: 916-324-6688		
PREA Coordinator Reports to: Associate Director of Female Institutions	Number of Compliance Managers who report to the PREA Coordinator 0		
Facility Information			
Name of Facility: Correctional Training Facility (CTF)			
Physical Address: U.S. Highway 101, 5 Miles north of Soledad, CA 93960			
Mailing Address (if different than above): PO Box 686, Soledad, CA 93960-0686			
Telephone Number: (831) 678-3951			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: We Enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities.			
Facility Website with PREA Information: http://www.cdcr.ca.gov/PREA/index.html			
Warden/Superintendent			
Name: Craig Koenig		Title: Warden	
Email: Craig.Koenig@cdcr.ca.gov		Telephone: (831) 678-3951 Ext. 5950	
Facility PREA Compliance Manager			
Name: Kirk Hoffman		Title: Associate Warden	
Email: Kirk.Hoffman@cdcr.ca.gov		Telephone: (831) 678-3951 Ext. 5947	
Facility Health Service Administrator			
Name: Gerald Ellis		Title: Chief Executive Officer, CPHCS	
Email: Gerald.Ellis@cdcr.ca.gov		Telephone: (831) 678-3951 Ext. 5979 Click or tap here to enter text.	
Facility Characteristics			
Designated Facility Capacity: 3312		Current Population of Facility: 5235	

Number of inmates admitted to facility during the past 12 months		2307	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		2307	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		2307	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		496	
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 18+	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		N/A	
Facility security level/inmate custody levels:		Level I and II	
Number of staff currently employed by the facility who may have contact with inmates:		1298	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		176	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		116	
Physical Plant			
Number of Buildings: 295		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		13	
Number of Open Bay/Dorm Housing Units:		8	
Number of Segregation Cells (Administrative and Disciplinary):		144	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Video monitoring in Prison Industry and the visiting rooms			
Medical			
Type of Medical Facility:		Treatment Triage Area	
Forensic sexual assault medical exams are conducted at:		Nativdad Medical Center Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		199	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		14	

Audit Findings

Audit Narrative

A Prison Rape Elimination Act (PREA) Audit was conducted at Correctional Training Facility (CTF) on January 23-15, 2018. CTF is located in Soledad, California.

The audit was conducted as part of a five-state circular audit consortium consisting of California, Kansas, Missouri, Indiana and Louisiana. The audit team consisted of Vevia Sturm, DOJ Certified Auditor/Lead Auditor; Becky Ehlers, DOJ Certified Auditor; Teresa Shirrell, Audit Support and Bill Stange, Audit Support Staff.

Pre Audit:

The Notice of audit contained contact information for the Auditor and the dates of the onsite audit and was provided to the facility 6 weeks prior to the onsite audit.

The auditor received the Pre Audit Questionnaire (PAQ) and supporting document on January 2, 2018. Which allowed ample time for the documentation review.

The lead auditor divided the standards by subject matter and each member of the audit team was assigned specific standards for review. On January 2, 2018, each team member began the laborious task of completing a thorough review of the information. Each auditor began compiling information using the Auditor's Compliance Tool. The Tool assisted the team in determining a baseline for compliance and assisted with formulating questions and identifying areas of concern for the onsite audit. On January 16, 2018, a conference call was held with the PREA Compliance Manager and the Lead Auditor to discuss logistics of the audit to include the tour and interviews. The auditor requested that rosters be available upon arrival to allow for the random selection of interviewees. Following the conference call, the auditor forwarded a tentative agenda of the onsite audit to the facility. The agenda outlined when the auditing team would arrive at the facility each day, the schedule for the facility tour, interviews and record review. In addition, the auditor provided a list of specialized interviews that would be conducted during the audit.

Onsite Audit:

The auditing team arrived at the facility on Tuesday, January 23, 2018, at 8:30 AM. On the first day of the audit, the team met with the facility administrators to provide an overview of audit activities for the next 3 days and answered questions. This meeting was followed by a tour of the facility. Due to the size of the facility, two-team members toured Facilities A, B and D and the other two-team members toured Facility C. During the tour, the audit team had access to and observed all areas of the facility. During the tour of CTF, the Notice of Audit was observed to be posted in living units, program areas, recreation areas and other areas where offenders and staff gather. The team reviewed camera placement, showers/restrooms and observed for cross-gendered announcements being made to offenders. The team noted that PREA reporting and advocacy information was clearly posted in living units. Areas identified during the tour as requiring additional privacy barriers to reach full compliance is noted in the commentary of standard 115.15 Cross Gender Viewing and Searches.

The team arrived to the facility on the second day of the audit at 8:30 AM and immediately began selecting offenders and staff for interviews. Offenders from each housing unit and staff from each shift were randomly

selected for interviews. The lead auditor conducted staff interviews while the other three members of the auditing team interviewed offenders. Offender interviews were conducted in a private office in each housing unit while staff interviews were conducted in a private conference room located in the administration building. The team interviewed 34 staff members that included 12 random staff and 22 specialized staff. In addition, the team interviewed 46 offenders. This included 32 random offenders and 14 specialized offenders. The specialized offenders included three who identify as LGBTI, 6 disabled, four who reported sexual abuse while housed at CTF. In addition, the auditors interview seven offenders who wrote to the auditor during the pre-audit phase.

In addition to conducting interviews, on the second day, the auditors began a comprehensive onsite record review. Administrative staff were readily available to answer questions when needed while still providing a private area for the auditors to conference. Throughout the audit, the lead auditor kept the Compliance Monitor abreast of any areas of concern.

On the final day of the audit, the auditors conducted a few remaining interviews and completed the file review. The exit meeting was conducted with the facility's administrative team.

Corrective Action Period (CAP):

The CAP began on March 12, 2018, the day the initial report was forwarded to the facility. During the CAP, the facility implemented protocols to address the deficiencies noted during the onsite audit. The corrective action implemented at CTF will be noted in the applicable standard within this report.

Facility Characteristics

The Correctional Training Facility (CTF) is located in Soledad, California. The prison is designed to house 3312 offenders but on the first day of the audit (January 23, 2018), the population count was 5235.

The CTF is a Level I and II, General Population prison consisting of four facilities: Facilities A and B houses sensitive need offenders; and, Facilities C and D houses general population offenders.

- Facilities A and B consist of four (4) three-tier cellblock-housing unit. On the day of the audit, Facility A housed 1235 offenders and Facility B housed 1215.
- Facility C is a Level II, a general population unit, consisting of nine (9) three-tier cellblock-housing units. Facility C consisted of an Administrative Segregation Unit, which is a three-tier cell block housing unit consisting of one-man cells. On the first day of the audit, Facility C housed 2016 offenders.
- Facility D is a Level I, general population unit, consisting of six dorms. On the first day of the audit, Facility D housed 765.

The prison houses adult male offenders 18 years of age and older. Within the last 12 months, CTF has received 2307 offenders. The facility employs 1298 staff members and over the last 12 months has hired 176 staff members.

Summary of Audit Findings

Number of Standards Exceeded: 0

Number of Standards Met: 45

Number of Standards Not Met: 0

115.15 Limits to cross-gender viewing and searches; 115.17 Hiring and promotion decisions; 115.41 Screening for risk of sexual abuse and abusiveness; 115.42 Use of screening information

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance

manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR's Department Operations Manual (DOM) Chapter 5, Article 44, Section 54040 establishes the agency's zero tolerance policy for sexual violence, staff sexual misconduct and sexual harassment. This policy dictates the agency's guidelines for prevention, detection, response, and tracking of sexual abuse and harassment.

CDCR has a designated employee who serves as the PREA Coordinator who reports that she has sufficient time and authority to oversee the implementation and ongoing compliance of PREA standards within the agency's facilities. The PREA Coordinator reports directly to the Associate Director of Female Institutions. PREA Compliance Managers are assigned at each of the agency's 35 institutions. The PREA Compliance Managers ensure compliance of PREA standards at their respective facilities. The PREA Compliance Manager at CTF indicated that he has sufficient time to manage efforts toward compliance. The PREA Compliance Manager reports directly to the Warden and supervises the facility's Investigative Services Unit (ISU).

Standard 115.12: Contracting with other entities for the confinement of inmates

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for

agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR has nine contracted prisons: Tallahatchie County Correctional Facility, La Palma Correctional Center; Golden State Modified Community Correctional Facility; Desert View Modified Community Correctional Facility; Central Valley Modified Community Correctional Facility; McFarland Female Community Reentry Facility; Shafter Modified Community Correctional Facility; Delano Community Correctional Facility and Taft Modified Community Correctional Facility. Contracts provided to the auditor include the contracted facility's obligation to adopt and comply with PREA standards. The Contracted Bed Unit provides oversight and contract monitoring to all of the above contracts. All contracted facilities have been audited by a DOJ certified PREA auditor. All nine contracted facilities are in full compliance with PREA Standards and the final PREA audit reports are posted on the contracted agencies' websites. This was verified with the CDRC Contract Monitor.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No ☐ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

All components of this standard are considered in the California Training Facility's staffing plan. When determining how staff are deployed, the following factors are considered: physical plant structure, mission of the facility, composition of the offender population, along with substantiated and unsubstantiated sexual abuse reports. There have been no findings of inadequacy by federal investigative agencies or internal/external oversight bodies.

CDCR's DOM, Chapter 5, Article 44, section 5040.17.1, dictates review of the staffing plan when necessary, but no less frequently than yearly, in consultation with the Department PREA Coordinator. The staffing plan analysis submitted by the California Training Facility considers all components of this standard. The deployment of electronic monitoring equipment is also reviewed in this analysis. It should be noted that CTF only has video monitoring technology in prison industries and the visiting rooms.

During the onsite portion of the audit, numerous logbooks were reviewed in various areas of the institution. Upon review, the auditors found that unannounced rounds are well documented and staff are not alerted prior to these unannounced rounds. In addition, staff interviews indicated that these unannounced supervisory rounds occur on a regular basis.

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR does not house youthful offenders.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 19, Section 52050.16.5 prohibits cross gender visual body cavity searches and states that correctional personnel shall not conduct visual body cavity searches on opposite sex offenders except in exigent circumstances. In addition, should a cross gender visual body search be required during an exigent circumstance, DOM Chapter 5, Article 44, section 54040.5 Searches, shows the search must be documented using a Notice of Unusual Occurrence document. The staff member's supervisor reviews the Notice of Unusual Occurrence document before it is routed to the PREA Compliance Manager. The Pre Audit Questionnaire (PAQ) indicates the facility has not conducted any opposite gender strip searches in the past 12 months. This was supported by interviews with both staff and offenders.

The facility does not house female offenders therefore, 115.15 (b) and (c) does not apply.

DOM Chapter 5, Article 44, Section 54040.4 Preventative Measures, require staff of the opposite biological gender to announce their presence when entering a housing unit. This announcement is required at the beginning of the shift and/or when the status quo within the housing unit changes. When making the announcement, female staff are to say, "staff in the unit" or "staff on the tier". It was observed during the facility tour that cross gender announcements were not consistently conducted. Several offenders indicated that when the announcements was made, it was difficult to hear based on where they were located in the unit and the noise level at the time of the announcement. The audit team noted there were no accommodations made to ensure non-English speaking offenders or offenders who were hard of hearing were aware that cross-gendered staff were in the housing unit. In addition, many offenders did not know the meaning of "staff in the unit" or "staff on the tier" as it relates to PREA. When announcements were made, they were documented in the housing unit's logbook.

DOM Chapter 5, Article 19, Section 52050.16.7 outlines the agency's procedure if an offender's genital status is unknown. If staff is unable to determine the genital status of an offender through medical records or an interview with the offender, then a standard medical evaluation is conducted. The DOM

shows that once information is collected and documented, the Institution Classification Committee will determine appropriate classification and housing placement for the offender.

Searches and Inmate Property, Section 5 of the training curriculum, outlines how staff members are to conduct pat searches of transgender offenders. Male offenders who identify as female will be searched with the female search method on the upper body, which requires staff to use the back of their hands when searching the chest area. A random review of training records indicated staff received this training. Interviews with staff also confirmed this training occurred during annual training.

The audit team found throughout the facility that offenders are not afforded privacy to allow for showering and toileting without being in the view of opposite gender staff. Despite the institution's efforts to make improvements to showers, toilets and urinals, additional modification and barriers must be put into place to meet this standard.

The following areas require additional privacy barriers:

C Facility

The majority of bathrooms need privacy barriers. The breakdown is below. Due to time constraints, wings with the same design were not toured.

- B Wing - Showers need barriers
- C Wing – Showers need barriers
- D Wing - Toilet needs additional barrier. Showers need barrier to allow for changing.
- E Wing - Toilet needs additional barrier. Showers need barrier to allow for changing.
- F Wing - Toilet needs additional barrier. Showers need barrier to allow for changing.
- G wing - MAC Office bathroom needs privacy barrier. Toilets need additional barrier. Showers need barrier to allow for changing.
- Wing – (Segregation) 3 strip cages need privacy barriers and showers need privacy barriers.
- X Wing - Shower needs barrier.
- Y Wing - Shower needs barrier.
- Z Wing - Shower needs barrier
- Infirmary - Strip cage needs privacy barrier. 4- Infirmary cell need privacy barriers.
- Yard BR - Four urinals need single privacy barrier.

North Facility

- A Side: Consisted of a newly constructed medical facility, which has not been opened. It was noted in this building the offender restroom door has a large window must be tinted approximately 12" to block the view of offenders using the toilet.
- Fremont Dorm: Shower area needs existing barrier extended to block view of offenders showering.
- Lassen and Ranier Halls: A and B-side showers need current barrier extended to block the view of offenders showering. Urinal needs a barrier.
- Recreation Yard: needs barriers to allow the offenders to use the restroom toilets/urinals in privacy.
- Vocational Area: each vocational area/classroom has a restroom. Existing barriers need to be modified to allow offenders to use without being viewed by opposite gender staff. VS1 Plumbing area had a solid door, recommend a split door or remove door and put a barrier in place

B Side:

- Shasta and Whitney Halls: these halls “mirror” Lassen and Ranier Halls on A Side. Deficiencies and recommendations the same.
- Toro Dorm: “mirrors” Fremont Dorm from A Side. Deficiencies and recommendations the same.
- Recreation Yard: restrooms on the recreation yards need to have barriers put into place, which allow the offenders to use the restroom toilets/urinals in privacy.
- SAP: offender restroom needs a barrier, discussed a half door
- North Holding Cells: (2) #22 and #25 – need to frost/block windows or place a solid panel on slider to allow offender to toilet without being viewed by opposite gender staff.
- Medical: urinal needs barrier.
- Education: first urinal needs barrier (discussed an “L” shaped barrier)

South Facility (D)

- Dorm 2: “Mirrors” Toro and Fremont Dorms located in North Facility. Shower area needs existing barrier extended to block view of offenders showering.
- Recreation Yard restroom: first urinal needs to be removed or barrier constructed which would obstruct direct view
- Gym: large circular mirror needs to be removed. This restroom also contains a shower, which is not in use unless this area has to be used for overflow housing. There needs to be a plan in place to bring this area into compliance if needed.
- Medical: offender restroom windows need to be frosted.

Corrective Action Plan:

- Install privacy barriers to allow offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances.
 - Facility to provide pictures of the barriers installed in the areas indicated in the narrative within 180 days. Each picture should be named as above to assist with identification.
- CTF shall implement a practice that ensures opposite gender announcements are made as outlined in the DOM 54040.4 Education and Prevention. Within 180 days, CTF shall provide documentary evidence that the opposite gender announcements have been conducted consistently on all shifts in multiple housing units.
- CTF must develop a plan to educate offenders on the meaning of “staff in the unit” and ensure all offenders are made aware of the meaning of the announcement. CTF must provide the auditor with documentation demonstrating offenders were educated on the meaning of the announcement.
- Develop and implement a process that ensures offenders housed in the far end of the unit, hard of hearing and non-English speaking offenders are notified when the opposite gender staff is in the housing unit. Provide the auditor with the plan and proof that the plan has been fully implemented.

Corrective Action Period:

During the corrective action period, CTF installed privacy barriers in all areas identified during the onsite audit. To demonstrate compliance, the PREA Compliance Monitor forwarded the auditor pictures of each area. Each photo was labeled with the area where the barrier was stalled.

To ensure all offenders are notified when cross-gendered staff member is in a housing unit, the Inmate Orientation Handbook has been revised with the following verbiage, "In order to minimize cross gender exposure, staff of the opposite biological sex will announce their presence when entering the housing unit by stating "Staff on the Floor". This announcement will be made at the beginning of each shift if staff of the opposite gender are assigned, or when a staff of the opposite gender enters the housing unit."

CTF implemented a practice to ensure opposite gender announcements are made as outlined in the DOM 54040.4 Education and Prevention. To demonstrate that cross gender announcements are made as required by this standard and CDCR's policy, the auditor was provided copies of the facility's logbook from multiple housing units and multiple shifts that document when the announcement was made.

CTF revised the Inmate Orientation Handbook to educate the offender population on the meaning of "staff in the unit". The PREA Compliance Manager provided the auditor with an electronic copy of the revised Offender Handbook which now includes the following verbiage "In order to minimize cross gender exposure, staff of the opposite biological sex will announce their presence when entering the housing unit by stating "Staff on the Floor". This announcement will be made at the beginning of each shift if staff of the opposite gender are assigned, or when a staff of the opposite gender enters the housing unit."

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CTF takes appropriate steps to ensure that offenders with disabilities or who are Limited English Proficient have equal opportunity to participate in, and benefit from the Department's efforts toward PREA compliance. During the site tour, it was noted that PREA posters were displayed throughout the facility in both English and Spanish. The CDCR has a contract with Interpreters Unlimited Inc., to provide interpretive services for non-English speaking offenders as well as disabled offenders. In addition, CCR, Title 15, Section 3000 requires assistance to offenders whose "Test of Basic Education (TABE) score is 4.0 or lower".

Employees are required to communicate with the offenders to determine whether assistance is needed to achieve effective communication. DOM Chapter 5, Article 44, Section 54040.12 dictates that with the exception of limited or exigent circumstances, investigators should not rely solely on offender interpreters, readers, or other types of offender assistance during a sexual violence, staff sexual misconduct, or sexual harassment investigation. CTF provided a list of 56 certified translators and their contact information. During the onsite tour portion of the audit, reception staff were asked about interpretive services and are aware of the contract with Interpreters Unlimited Inc. Interviews with random staff indicated that staff are aware of this standard with regard to limitations of use of offender interpreters.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 3, Article 6, Section 31060 Appointments, supports (a) of this standard and outlines the agency's protocol for hiring and promotions. Section 31060.3 prohibits the hiring authority to hire or promote anyone who may have contact with offenders, who: has engaged in sexual violence or staff sexual misconduct, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or has been civilly or administratively adjudicated to have engaged in any of the activity mention above.

Part of the agency's pre-employment process is for the applicant to complete form CDCR 1951. This form directly asks the applicant about past encounters of sexual abuse and sexual harassment. Policy

also shows the agency will provide information on substantiated allegations of sexual abuse and harassment involving a former employee upon request.

CDCR requires a criminal records check prior to employment. The agency utilizes a method known as Live Scan to obtain the criminal history of potential employees. Each applicant is required to consent to a fingerprint to be submitted to Live Scan, which reveals the applicant's previous criminal history and then continues to monitor the employee throughout their employment with CDCR. Should an employee be involved in any criminal matter the Live Scan will immediately alert the appropriate personnel. The agency requires contractors to conduct criminal background checks for each contract employee who may have contact with offenders, and submit written certification that the criminal background check was conducted.

CTF does not attempt to contact all past institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegations of sexual abuse.

Corrective Action Plan:

- CDCR/CTF should revise their application/policy/practice to require applicants to list all previous institutional employers [as defined in 42 U.S.C.1997].
- CDCR/CTF should attempt to contact all previous institutional employers [as defined in 42 U.S.C.1997] to inquire about substantiated investigations or if the applicant resigned during a pending sexual abuse investigation and document such attempts.

Corrective Action Period:

CTF forwarded minutes from the "July 2017" Institutional Personnel Officer (IPO) conference call. The minutes show that during this call, the concerns with standard 115.17 were discussed, and the plans to correct these deficiencies were shared. This was an agency wide conference call with all IPOs. The results of this call was the revised CDCR form 1951, Supplement Application for all CDCR Employees, and the Personnel Information Bulletin (the directive to implement). The supplemental application will require all potential employees to list all previous institutional employers.

This form and the bulletin is still in draft but the auditor was assured that once finalized, the process will be immediately implemented at all institutions. In the interim, the Office of Personnel Services directed CTF to implement the revised Supplemental Application, Form 1951 immediately.

The "July 2017 IPO Conference Call" minutes also informs IPOs they must attempt to contact all past institutional employers to inquire about substantiated sexual abuse investigations. In addition, the IPO must inquire as to whether the applicant resigned during a pending sexual abuse investigation.

The Office of Peace Officer Selection (OPOS), which completes the backgrounds checks for all peace officer candidates, revised their practices and now requires OPOS Background Investigative Unit to make an attempt to contact all previous institutional employers to inquire about substantiated investigation or if the applicant resigned during a pending sexual abuse investigation.

To demonstrate that staff received training on this revised hiring practice, CTF provided the completed Training Participation Sign in Sheets.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☒ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

PREA standards appear to be considered when designing upgrades to existing facilities, adding new facilities or electrical surveillance systems, including cameras. In August 2017, CDCR revised Design Criteria Guidelines policy to state, "When designing or acquiring any new facility and in planning any substantial expansion or modifications of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmate from sexual abuse" and "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department shall consider how such technology may enhance the department's ability to protect inmates from sexual abuse."

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CTF's Investigative Services Unit (ISU) conducts both criminal and administrative PREA investigations. The ISU is comprised of custody staff ranging from correctional officers to captains who are trained as investigators and are referred to as Locally Designated Investigators (LDI). A LDI investigates offender on offender allegations of sexual abuse or sexual harassment. LDIs may conduct an inquiry on an allegation involving staff sexual misconduct or staff sexual harassment. If a full investigation is warranted, the allegation would be referred to Internal Affairs, which is part of the ISU. Internal Affairs

investigators are supervisors at the level of a Sergeant or Lieutenant. The ISU reports directly to the Warden and the Chief Deputy Warden.

CDCR has an evidence protocol that is outlined in CDCR's DOM Chapter 5, Article 44, Section 54040.8.1 which covers both crime scene preservation and evidence. LDIs receive evidence collection and preservation training which is covered in the Specialized PREA Training for Locally Designated Investigators. A review of randomly selected investigative files demonstrated that PREA investigations at CTF follow the agency's evidence collection protocol.

The standard requires that all victims of sexual abuse have access to forensic medical examinations. CTF offers offenders who experience sexual abuse that is reported to have occurred within the last 72 hours, access to forensic medical examinations conducted by a certified sexual abuse nurse examiner as required by DOM Chapter 5, Article 44, Section 54040.9. Forensic exams are conducted by a contracted SANE at Natividad Medical Center Hospital. Forensic exams and follow-up services are offered at no cost to the victim as outlined in the Health Care Services Policy, Chapter 10, 1.10 Copayment Program Policy. The policy shows, "Medically necessary treatment that relates to the initial conduction including the evaluation, assessment and follow-up services shall be provided by licensed health care staff without regard to the patient's ability to pay...Treatment services relating to sexual abuse or assault." Within the last 12 months, CTF has had one investigation that required a forensic exam.

This standard requires the agency to attempt to make available a victim advocate from a rape crisis center. DOM Chapter 5, Article 44, Section 54040.8.2, Victim Advocate and Victim Support Person shows, victims of rape, unlawful sexual intercourse with person under 18, rape of spouse, sodomy, oral copulation and forcible acts of sexual acts of penetration "have the right under PC [Penal Code] 264.2 and PC 679.04 to a Victim Advocate and Victim Support Person for both medical examination and investigatory interview." Policy, interviews with staff as well as randomly selected investigative reports clearly show alleged victims of Non-Consensual Sex Acts or staff sexual misconduct that includes penetration would be provided an advocate.

Investigation reports of allegations that involved abusive sexual contact showed the victims did not "qualify" for advocacy. Staff interviewed reported that the Penal Code and DOM only allowed advocacy for certain types of incidents. While the Penal Code and DOM clearly outline the types of offenses that require an advocate it does not prevent victims of non-penetration sexual abuse from being provided an advocate. However, the PC and DOM do not require staff to provide advocacy to victims if the allegation does not fall into the categories outlined by the PC 264.2. The Specialized PREA Training for Locally Designated Investigators, page 12, shows, "In incidents where an offender has alleged sexual violence or staff sexual misconduct that meet the listed PC [penal code]Sections above, the watch commander or designee shall immediately notify the local Rape Crisis Center. In most cases, the victim advocate will be from the local Rape Crisis Center." This appears to indicate that only the crimes listed in the penal code will be afforded an advocate. Staff who were interviewed conveyed that it was their understanding that an advocate could only be offered if the allegation was listed in the PC. CDCR revised the DOM to show all victims of sexual abuse, as defined by CFR 115.6, will be offered advocates. The revised DOM language shows, "Victims of alleged sexual violence or staff sexual misconduct have the right under PC 264.2, PC 679.04 and/or 28 CFR, Standard 115.21 to a Victim Advocate and Victim Support Person for both forensic medical examinations (where evidentiary or medically appropriate) and for the investigatory interview." At CDCR, the term "sexual violence" encompasses both nonconsensual sexual acts and abusive sexual contact.

To ensure offenders know they have the right to a victim advocate, the PREA Orientation Handbook has been updated. The updated information states, "If you are the victim of sexual violence or staff sexual misconduct while in this institution, you are eligible to have a Victim Advocate and a Victim Support Person with you during the medical examination and investigatory interviews." CTF has an MOU with Monterey County Rape Crisis Center who provides advocacy services. The Director of the crisis center reported they have met with a victim at the hospital and they enter the facility to provide advocacy services. In addition, investigative files clearly document advocacy services.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

DOM Chapter 5, Article 44, Section 54040.12 requires an administrative or criminal investigation be conducted on all allegations of offender sexual abuse and sexual harassment. Every allegation is referred to the Investigative Services Unit (ISU) for investigation. This unit has legal authority to conduct criminal investigations. In the last 12 months, CTF has received 27 allegations of sexual abuse or sexual harassment; of those allegations, one required a criminal investigation, and the other 26 were administrative investigations.

Investigations involving possible staff misconduct are referred to the Office of Internal Affairs (OIA) who reviews the allegation and determines if an internal investigation is warranted; if so, OIA conducts the investigation.

CDCR publishes the agency policy addressing PREA investigations on the agency website at cdcr.ca.gov/PREA/index.html.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☐ Yes ☐ No **N/A**

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Section 54040.4 states "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution." Review of PREA training curriculum revealed that all staff who have contact with offenders participate in a comprehensive training that gives detailed information addressing all 10 required topics, that is gender specific and scenario activities are reviewed at the end of training to ensure that all participants understand the material provided in the lesson.

Staff, when questioned, seemed to have a good grasp on the specifics of PREA. The training is tailored to the gender of the offenders at the male facility. Staff also receives a yearly online training signing a document they "acknowledge, read, understand and agree to the policies and procedures as defined in the PREA OJT". Documentation was provided showing staff had received the required training. A list of 20 random staff training records were reviewed in which only three of those staff could not be verified as receiving their yearly PREA training. The reason is unknown to why those three staff members did not receive their yearly PREA training.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM, Chapter 5, Article 44, Section 54040.4 states, "All staff, including employees, volunteers, and contractors, shall receive instruction related to the prevention, detection, response, and investigation of offender sexual violence, staff sexual misconduct, and sexual harassment. This training will be conducted during new employee orientation, annual block training, and will be included in the curriculum of the Correctional Training Academy. The training will be gender specific based on the offender population at the assigned institution. Participation in the training will be documented."

The agency provided documentation showing that volunteers/contractors had received PREA training which was verified through interviews for volunteers (no interviews by contractors were obtained). A review of the volunteers training showed it covered the department's zero-tolerance policy regarding sexual abuse and harassment. The agency provided documentation that the volunteers and contractors signed indicating they had been trained on PREA and understood the training received.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☐ Yes ☒ No
No I was told all offenders received this, but during interviews some of the offenders who were at the facility for a longer period of time stated they didn't receive the PREA education.
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

DOM Chapter 5, Article, 44, Section 54040.4 states that offenders shall be provided both verbal and written information which will address prevention/intervention, reporting, and treatment and counseling. Initial offender orientation on PREA will be provided to the offender population in reception centers (RC) via either written or multi-media presentation on a weekly basis in both English and Spanish. Approved PREA posters, which contain departmental policy and the sexual violence, staff sexual misconduct, and sexual harassment reporting telephone numbers shall be posted in designated location throughout the institution and parole offices.

At a minimum, these areas shall include all housing units, medical clinics, law libraries, visiting rooms, program offices, and offender work areas. The PREA brochure entitled "Sexual Assault Awareness" and the PREA booklet entitled "Sexual Abuse / Assault – Prevention and Intervention" will be distributed during initial processing in RC institutions. Both the brochure and booklet shall be available through correctional counselors at each institution, and the information will also be included in each institution's offender orientation handbook. Appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and those with disabilities.

Interviews with random staff from the receiving unit confirmed that offenders received PREA information as outlined in policy. The auditor observed the intake process during the onsite audit to verify that offender received the required PREA information. The offenders who have arrived within the last 2 years indicated that they received the information during intake. The auditor also interviewed offenders who had been housed at CTF for over 2 years who also confirmed they had been provided PREA education in the form of pamphlets and posters.

The agency provides offender education in formats accessibly to all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to offenders who have limited reading skills. This is done by printing materials in English and Spanish, maintaining agreements with translation services in order to telephone the service when in need of a translator and utilizing bi-lingual staff when appropriate. Offenders sign an acknowledgment showing they have received the required information. During the tour, it was noted that PREA information is posted in both English and Spanish in the housing units, work areas as well as other areas accessible to offenders.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In addition to the general training provided to all employees pursuant to Standard 115.31, DOM Chapter 5, Article 44, Section 54040.4 states "All employees who were assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training per PC Section 13516 (c)." In addition, the policy shows, "The Hiring Authority or PREA Compliance Manager (PCM) shall ensure employees investigating incidents of sexual violence and/or staff misconduct are properly trained." The facility provided training records showing CTF's investigators had received the training required by this standard.

A review of the curriculum indicates the training covers all the necessary areas required by this standard. The facility provided a sign-in sheet that was signed by investigative staff and copies of certificates showing that they had attended the necessary training.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

DOM Chapter 5, Article 44, Section 54040.4 states “ All staff including employees, volunteers and contractors, shall receive instruction related to the prevention, detection, response and investigation of offender sexual violence, staff sexual misconduct and sexual harassment.”

A review of training records showed CTF Medical and Mental Health staff received the training required by 115.35 Employee Training and this standard.

CDCF developed “Specialized Medical and Mental Health Training” in 2017 which meets the requirements of this standard. However, during the onsite audit, it was determined, through interviews, the CTF medical and mental health staff had not completed the newly developed specialized training.

Following the onsite audit, all CTF medical and mental health staff completed the specialized training and CTF provided the auditor with documentation to demonstrate compliance.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The standard requires that all offenders at the facility be assessed within 72-hours of intake and reassessed within 30-days of intake. In 2017, CDCR developed an objective PREA Screening assessment screener. The screener addresses each variable required by this standard. CTF began implementation of this screener in November 2017. Offenders received at CTF since November 2017 have received an initial assessment upon intake and then a reassessment within 30-days of intake. Administrative staff reported all offenders housed at CTF prior to November 2017 should receive their initial assessment by October 2018.

To ensure that offenders received at CTF since November 2017 were assessed upon intake and then within 30-days of intake, I randomly selected 15 offenders and reviewed their initial assessment screener and their reassessment. The review showed all 15 offenders had received the initial assessment. To demonstrate that these 15 offenders received their follow-up assessment, CTF provided the Classification Review Reports for each offender. Each classification review occurred within 7-14 days following intake. While this timeframe for the reassessment meets the wording of the standard, it is not a best practice and does not allow time for the offender acclimate to his new environment, develop trust in the staff to allow for sharing sexual abuse information or for the facility to collect additional information regarding the history of the offender from other sources.

A memorandum dated September 29, 2017, from the Director of Division of Adult Institutions addressed to Associate Directors, Division of Adult Institutions; Wardens; and PREA Compliance Managers outlines the implementation strategy for the PREA Risk Screener. The memo states that beginning

October 16, 2017, facilities must ensure that all offenders receive a PREA Screening within one year of implementation. The memo continues to state the completed Screening tool will be reviewed during the annual classification committee. The memo gives specific language that will be used to document the review in the Classification Review.

Each of the Classification Reviews that were reviewed contained a statement showing the Chairman reviewed the previously completed screener and asked the offender if he had any additional relevant information that he would like considered. Staff interviewed stated they have been directed to ask the offender if there is any additional relevant information that should be considered for future housing or programming assignments. Staff reported the facility did not have a formal process to gather information from various sources, such as mental health or medical, to determine whether any previously unknown triggering event or information had become available that may put the offender at higher risk of future victimization.

CDCR has distributed a "Notice of Change to Department Operations Manager" which became effective on July 27, 2017. Included in this change notice is a revision to DOM section 54040.6 which shows, "Offenders will not be disciplined for refusing to answer, or not disclosing complete information related to mental, physical, or developmental disabilities, their sexual orientation, sexual victimization or perception of vulnerability." Staff reported that offenders would not be disciplined for refusing to disclose information during an assessment.

As of July 27, 2017, the DOM was revised to show, "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness."

Corrective Action Plan:

- All offenders housed at CTF must be assessed during the 180 day corrective action period and documentation demonstrating compliance forwarded to the auditor.
- Develop a more thorough assessment review process that captures any additional, relevant information received by the facility since the initial intake process. The facility to provide documentation showing compliance.

Corrective Action Period:

During the onsite audit, the team learned that while CTF had begun assessing offenders upon intake utilizing a screener that addresses all the criteria noted in this standard. The screener is then reviewed with the offender during the classification review. However, offenders that had already been housed at CTF had not be assessed. At the end of the corrective action period, CTF had assessed all but 3% of the offender population.

In addition, CTF developed a more thorough assessment review process that captures additional, relevant information received since the intake screener. A memo issued by CTF's PREA compliance manager to the facility's CEO shows "During a clinical encounter an inmate may share/divulge the fact that they have experienced sexual victimization in a non-correctional setting (receipt of additional information that bear on the inmate's risk of sexual victimization.)...To maintain compliance with PREA Standard 115.41, Medical/Mental Health Staff shall inform the Institutional PREA Compliance Manager so an updated assessment can be conducted. This

information will be utilized during the reassessment in an initial ICC/USS or to reevaluate an inmate's risk of sexual victimization after the ICC/USCC review takes place."

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

This standard requires the agency to use the PREA screening information when assigning offenders for housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. A Memo from the Director of Adult Institutions to the Associate Directors, Wardens and PREA Compliance Manager dated August 28, 2017, outlines how facilities should utilize the risk assessment to determine housing and bed assignments but does not address utilizing the assessment for work, education and programming assignments.

As stated above in the commentary of 115.41, I randomly selected 15 offenders who had been received at CTF since November 2017, the time the facility began implementing the new assessment. All selected offenders had both their initial PREA Risk Screener and their Screener review, however, not all offenders at the facility had been assessed. Staff who were interviewed stated until all offenders are

assessed, the screener will not be utilized to house offenders or to ensure safety in programming, work or education assignments.

CTF does not house transgender offenders. However, should they receive a transgender offender, CDCR has developed a process to ensure that transgender and intersex offenders' placement and program assignments are assessed and reviewed for threats to their safety every 6 months. CDCR issued a memorandum to the Associate Directors, Division of Adult Institutions Wardens, PREA Compliance Managers and the Classification and Parole Representatives. The subject of the memorandum is "Transgender Biannual Reassessment for Safety in Placement and Programming" and states that on a biannual basis, the PREA compliance managers will receive a list of identified transgender and intersex offenders. The list includes the month each transgender offender was incarcerated within CDCR and the schedule for their next annual classification review. During this biannual review, Correctional Counselors will ask the offender about any threats they have received and shall review the offender's case factors in the Strategic Offender Manager System (SOMS) and the Electronic Records Management System (ERMS) for additional information to assess placement and programming concerns. The Correctional Counselor will document the review in the Classification Committee Chrono. CTF provided a copy of the statewide list that showed no transgender offenders were being housed at CTF during the time of the audit.

In addition, CDCR has distributed a "Notice of Change to Department Operations Manager" which became effective on July 27, 2017. DOM Section 54040.4 is amended to include, "PER 28 CFR, Standard 115.42, upon request, transgender and intersex inmates shall be given the opportunity to shower separately from other inmates."

Corrective Action Plan:

- Ensure all offenders are screened as outlined in 115.41 and ensure the screener is utilized to inform all housing, programming, education and work assignment to protect offenders at risk of victimization.
- Provide documentation demonstrating the objective screener is being utilized to inform placement for all offenders.

Corrective Action Period:

During the corrective action period, CTF implemented a process to utilize the PREA screener score to inform housing, programming, education and work assignments. When an offender is identified as "At Risk as a Victim" or "At Risk as an Abuser" a "Precaution Alert" is generated in the Strategic Offender Manager System (SOMS). SOMS is the system utilized by staff during intake, bed/housing assignments and room moves as well as programming and work assignments. This "precaution alert process" allows all inmate supervisors (i.e. teachers, vocational instructors, Cooks, Correctional Officer, etc.) the ability to monitor any inmate under their supervision that is identified as "At Risk as a Victim" and/or "At Risk as an Abuser". This information is also available to Staff doing bed/cell change assignments and CCIs' preparing for ICC/UCCs

To demonstrate compliance, CTF's compliance manager provided the auditor with screen shots showing how staff utilize SOMS.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Section 54040.6 requires offenders assessed as high risk for sexual victimization not be placed in segregated housing unless an assessment of all available alternatives has been completed. The policy continues to show, offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. Interviews with staff, who supervise offenders, in segregated housing confirmed that an offender would be placed in segregated housing as a last resort.

Effective October 20, 2016, CDCR amended CCR Article 7, 3335 Administrative Segregation to require victims placed in non-disciplinary segregated housing be afforded programs, privileges and education. However, if the facility is unable to afford privileges the regulation requires appropriate documentation as required by this standard. In addition, the amended regulation requires the victim only be held in segregated housing until an alternative means of separation can be arranged which shall not ordinarily exceed a period of 30 days. If segregated housing continues past 30 days, the regulation requires the reason for the extended period of segregation to be documented on the classification chronological log.

CTF reports they have not had an offender placed in segregated housing due to high risk of sexual victimization within the last 12 months. A review of classification records confirmed this.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☐ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☐ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

DOM Chapter 5, Article 44, Section 54040.7 addresses how offenders may report allegations of sexual abuse and sexual harassment. The DOM shows offenders can report internally both verbally and in writing, which includes reporting through the appeals process, by calling or writing the Office of Internal Affairs, or by third party report.

The agency's external reporting method is through the Office of the Inspector General (OIG). Offenders may either write or call the OIG Ombudsperson. Offenders are informed of the multiple ways to report through the Orientation Handbook and posters. The PREA Orientation Handbook contains the following statement, "You can remain anonymous upon request when reporting to the OIG. Mail to the OIB will be process as legal mail." The pamphlet contains the statement, "The OIG will keep your name anonymous upon request."

Offender interviewed verbalized the different avenues to report sexual abuse.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The components of this standard are addressed in CCR, Article 15, Subsection 3084 – Appeals. The CDCR does not impose a time limit on grievances submitted by inmates that regard sexual abuse. A third party is permitted to file reports on behalf of an inmate. Individuals who are subjects of complaints do not handle appeals. CTF provides mailboxes in all housing units for inmate grievances, and grievances are collected daily by appeals office staff.

CCR Article 15, Subsection 3084.9 dictates that all allegations pertaining to sexual violence or staff sexual misconduct are immediately processed and forwarded to the California Training Facility's Appeals Coordinator. Corrective action is taken immediately. The offender receives notice of any action within 5 days. During the onsite tour, a random sampling of three appeals were reviewed. (There were only three appeals filed in the past 12 months regarding PREA issues). This review indicated that CFT is in compliance with the requirements of this standard.

The DOM, Article 44, Section 54040.15.1 indicates that the facility is permitted to take disciplinary action for allegations knowingly made in bad faith.

During the onsite portion of the audit, The CTF's Appeals Officer was interviewed extensively regarding this standard. The result of this interview indicated that the facility is in compliance with all portions of this standard.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM, Chapter 5, Article 44, Section 54040.8.2 dictates that a Memorandum of Understanding between the institution and a local rape crisis center shall be established. CTF has an agreement with Monterey Rape Crisis Center to provide services in cases of inmate sexual abuse. Offenders are provided the address to Just Detention International in the agency's PREA brochure. During the onsite portion of the tour, interviews with staff from the Investigative Services Unit indicated that staff from the Monterey Rape Crisis Center have been onsite to provide support for victims of sexual abuse. CTF notifies offenders by way of the institutional handbook that all telephone calls are recorded. In addition, a phone interview was conducted with Monterey Rape Crisis Center who confirmed they provide services to sexual abuse victims through written correspondence, at the hospital and in the facility.

Informal interviews with offenders during the onsite tour indicated that they are aware that outside support services are available and the information for obtaining these services can be found in the offender handbook and the agency's PREA brochure.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR has several third party reporting options available on the agency's website that include calling or writing the facility where the offender is housed, the Office of Internal Affairs or the PREA Ombudsperson in the Office of the Inspector General.

In addition to the agency website, the CTF website has a PREA link connecting viewers directly to the CDRC agency site.

Interviews with staff indicated third party reporting is taken very seriously and investigated.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM, Chapter 5, Article 44, Section 54040.7 dictates that all staff are responsible for reporting all allegations of offender sexual abuse or sexual harassment immediately and confidentially to the appropriate supervisor. Offenders may report allegations of being sexually abused and harassed to any staff person. Onsite interviews with random staff at CTF indicate compliance with this standard.

California Correctional Health Care Services policy requires medical and mental health professionals to report all allegations of sexual abuse and harassment. This policy also dictates that health care professionals must immediately notify the watch commander and Investigative Services Unit of the inmate allegation.

Staff interviews at CTF indicated that staff understand and practice the requirement to report all incidents of sexual abuse and harassment.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

DOM, Chapter 5, Article 44, Section 54040.7 indicates agency compliance with this standard. This policy states that all staff members are responsible for reporting immediately and confidentially, to the appropriate supervisor any information that indicates an offender is being or has been the victim of sexual violence. Interviews with random custody staff, supervisory staff, and administrative staff

indicated that staff would take actions outlined in this standard were they to receive information that an inmate was found to be at risk of imminent sexual abuse. During the past 12 months, no inmates at CTF were found to be at risk of imminent sexual abuse.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM, Chapter 5, Article 44, Section 54040.7.4 outlines the process that facilities must follow should the facility receive a report that an offender was a victim of sexual abuse or harassment while housed at a previous facility. This policy indicates that it is the responsibility of the hiring authority to notify the hiring authority of the institution where the event occurred as soon as possible, but no later than 72 hours.

During the onsite audit, it was determined that the CTF had received several reports from offenders alleging abuse at a prior facility. Documentation of these reports were reviewed during the onsite audit which showed the prior facility was notified within the 72-hour period in each instance.

During the onsite portion of the audit, reports from other confinement facilities alleging abuse or harassment were reviewed. This file review indicated that the reports were processed within the timeframes established by this standard.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Sections 54040.8.1 and 54040.11 and the Initial Contact Guide requires the first responder to separate the alleged victim and abuser; preserve and protect any crime scene; and request the victim and abuser to not take any actions that could destroy potential evidence. During a

review of 10 randomly selected investigative files, documentation was present to support that first responders followed the protocol to allow for the collection of evidence. It was evident that random staff understood their responsibility as a first responder during interviews. All staff interviewed also possessed a card that was kept on their person to use as a reference if needed.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Sections 54040.8, 54040.8.1, 54040.8.2, 54040.8.3, 54040.9, 54040.10, 54040.11 outlines the expectations for first responders, custody supervisors, crime scene preservation, victim advocates, medical services, forensic examinations, mental health and suspect processing for allegations of sexual abuse. In conjunction with the DOM, the Initial Contact Guide, Watch Commander Notification Checklist, Custody Supervisor Checklist, Transportation Guide and Sexual Assault Interview Questions provide guidance to those responding to the allegation. The Watch Commander Notification Checklist and Custody Supervisor Checklist are used to document notifications of locally designated investigators; headquarters staff; outside hospital; and additional notifications if required, such as a minor victim. In review of investigative files, all checklists and guides were present noting such notifications and response. During interviews with investigative staff, it was clear the facility possesses a strong notification and response process.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agreement between the State of California and the California Correctional Peace Officers Association, effective July 3, 2015, through July 2, 2018, does not limit the agency's ability to remove alleged staff sexual abusers from contact with offenders pending an investigation or a determination of whether and to what extent discipline is warranted.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Section 54040.1 states retaliatory measures against employees or offenders who report allegations of sexual violence, sexual misconduct or sexual harassment as well as retaliatory measures against those that cooperate in an investigation for such allegations will not be tolerated and will be subject to disciplinary action and/or criminal prosecution. Section 54040.13 requires the PREA Compliance Manager to assign a supervisory staff member to monitor, for 90 days after the allegation, the conduct and treatment of offenders and employees who reported the allegation to ensure no retaliation measures were taken.

At CTF, an investigator is tasked with ensuring retaliation monitoring is conducted as required by this standard and the agency's policy. The agency utilizes form 2304, Protection Against Retaliation (PAR) to document monitoring. The form contains a checklist of areas that are to be reviewed when conducting retaliation actions. The completed forms are retained in the investigative file. During the onsite audit, 10 randomly selected investigative files from the previous 12 months were reviewed. The files demonstrated face-to-face monitoring begin immediately and continued for 90 days. The review showed there had been no incidents where retaliation was detected or reported within the last 12 months.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

CCR, Title 15, Chapter 4, Section 3335 states victims of sexual abuse shall be assigned to non-disciplinary segregation only until an alternative means of housing assignment is found, and not to “ordinarily” exceed 30 days. However, every 30 days, the facility shall review the assignment to determine whether there is a continuing need for segregation. A random review of investigative files demonstrated that CTF did not place any victims into protective custody segregation within the last 12 months; therefore, no 30-day review documentation exists.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 3, Article 14, Section 31140.6 delegates the authority to initiate and conduct investigations for the Office of Internal Affairs and Sections 31140.16, 31140.17, 31140.20, and 31140.21 define the process for requesting and the assignment of criminal and administrative investigations related to employees. Sections 31140.30-31140.39 guide investigators through the process. DOM Chapter 5, Article 44, Section 54040.1 states that CDCR is committed to the education/prevention, detection, response, investigation and tracking of offender sexual abuse and harassment. Notice of Change to the DOM Chapter 5, Article 44 Prison Rape Elimination Policy (PREA) with the revision date of July 27, 2017, shows, "All allegations of sexual violence, staff sexual misconduct, and sexual harassment shall be investigated and the findings documented in writing."

Investigators employed by CDCR are recognized peace officers; therefore, the agency conducts its own investigations. During the onsite audit, 10 randomly selected investigative files from the previous 12 months were reviewed to ensure investigations were conducted in a prompt, thorough and objective manner. In 2017, CTF received 27 allegations. Investigations were open on all 27 allegations received. At the time of the audit all cases had been closed as unsubstantiated, except for four, which were still open.

Of the 27 allegations of sexual abuse or harassment that was reported to have occurred at CTF, 15 involved allegations made against another offender while the remaining 12 named staff as the alleged perpetrator.

DOM Chapter 5, Article 55, Section 54040.7.2 addresses third party reporting and the department's website provides family and friends with direction on making such reports. The investigator interviewed stated all allegations including anonymous and third party are thoroughly investigated.

CTF provided documentation demonstrating that the LDI's assigned to conduct offender sexual abuse and sexual harassment investigation had received Specialized Investigator Training as is outlined in section 115.34 of this report. The specialized training provides each investigator with detailed education regarding the gathering and preservation of direct and circumstantial evidence, including DNA evidence, testimony, etc. Interviews showed investigators tasked with conducting PREA investigator had attended and understood the training; and, were versed in the collection of evidence.

DOM Chapter 3, Article 14, Section 31140.21 addresses compelled interviews and shows, "The determination of whether to conduct the administrative investigation concurrently with the criminal investigation shall be made by the Senior Special Agent in consultation with the Vertical Advocate and BIR [Bureau of Internal Review] in conjunction with the prosecuting agency."

The investigator reported that he based the credibility of an alleged victim, suspect or witness on their investigative interviews and their ability to corroborate statements. He stated CTF does not utilize truth-telling devices when investigating PREA cases.

A review of randomly selected investigative files showed that all investigations, including administrative are documented in a written report, which contains a description of the physical and testimonial evidence and investigative findings.

DOM Chapter 5, Article 44, Section 54040.20 updated revision (as of 1/6/17) requires the investigative file is to be retained by the Investigative Services Unit (ISU) for a minimum of 10 years or for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, whichever is longer.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Notice of Change to the DOM Chapter 5, Article 44 Prison Rape Elimination Policy (PREA) with the revision date of July 27, 2017 shows the following language, "No standard higher than a preponderance of the evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are substantiated." The investigator interviewed readily verbalize that preponderance of the evidence was the standard needed to substantiate administrative PREA Investigations.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Section 54040.12.5 requires the institution to provide written notification of the findings to an offender who is alleged to have suffered sexual abuse following an investigation whether the sexual abuse is alleged to have been perpetrated by a staff member or another offender. If the alleged perpetrator is a staff member, policy requires the facility to notify the offender when the staff member is no longer posted within the offender's housing unit; the staff member is no longer employed at the facility and if the staff member is indicted or convicted on a charge related to the sexual abuse. In addition, if the alleged perpetrator is an offender, policy requires the facility to notify the offender if the perpetrator is indicted on the alleged sexual abuse or convicted on a charge related to the sexual abuse.

CTF tasks the investigator in providing the notification to the offender following the completion of an investigation. A review of 10 randomly selected investigative files shows all files contained a copy of the offender notification. The investigator stated that just recently they have begun to have the offender sign the notification.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CCR Title 15, Division 3, Section 3401.5 defines Staff Sexual Misconduct and indicates that all allegations of sexual misconduct is subject to investigation which may lead to disciplinary action and/or criminal prosecution. DOM Chapter 5, Article 22, Section 33030.16 – Employee Disciplinary Matrix Penalty Levels outlines the specific disciplinary action associated with staff misconduct. The matrix includes staff sexual misconduct and harassment and shows the allowable disciplinary ranges from an official reprimand to dismissal. Section 33030.17 indicates that preponderance of evidence is necessary prior to disciplinary action being taken against an employee and 33030.19 Employee Disciplinary Matrix is the foundation for all disciplinary imposed by the agency and is utilized by the hiring authority to determine the penalty imposed for employee misconduct. This matrix clearly indicates that the penalty imposed for “Sexual misconduct with an inmate(s)/parolee(s) is dismissal. Penalties for violations of other agency policies relating to sexual abuse and harassment other than engaging in sexual abuse are commensurate with the nature of the event. Staff interviews confirm that criminally substantiated staff sexual misconduct investigations are forwarded for prosecution. DOM, Chapter 5, Article 44, Section 54040.12.3 dictates that all dismissals for violation of the agency's sexual misconduct and harassment policies or resignations by staff who would have been dismissed be reported to relevant licensing bodies.

CTF has not had any substantiated investigations involving staff sexual misconduct in the past 12 months that would require notification to law enforcement or licensing boards.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The agency has policy in place, 54040.12.4 Reporting to Outside Agencies for Contractors, that prohibits volunteers or contractors from having further contact with offenders should they be found guilty of having sex with an offender. In addition, the volunteer or contractor shall be reported to law enforcement and any licensing body that the individual may be licensed with as part of their job duties. This policy would also prohibit volunteers or contractors from having further contact with offenders should they be found guilty of engaging in other prohibited sexual misconduct with an offender.

According to the Investigative curriculum, any allegations involving a contractor and/or volunteer would be investigated as any other PREA case. CTF has had no investigation involving a volunteer or contractor with in the last 12 months.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

DOM, Chapter 5, Article 44, Section 54040.15 Disciplinary Process states, "Upon completion of the investigative process, the existing disciplinary process which includes referral for criminal prosecution and classification determination, shall be followed." CCR Title 15, 3316 and 3323 support this standard and dictates that offenders are subject to disciplinary sanctions following an administrative or criminal finding of guilt. During interviews, it was established that offender on offender sexual abuse investigations are forwarded to the District Attorney.

During the past 12 months, the CTF has not had any offender on offender sexual abuse investigations. However, on-site interviews with staff from the Investigative Services Unit, indicate that staff are aware of the requirement to obtain information from mental health staff regarding the perpetrators mental disabilities that may have contributed to the behavior prior to determining sanctions for the violation. Staff indicated that they are also aware of the requirement to document this information.

The CDCR does provide condoms to offenders to eliminate sexually transmitted diseases. However, CCR Title 115, Section 3007 indicates that sexual contact between two offenders is considered an "illegal sexual act."

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

This standard requires that an offender be offered a follow up appointment with medical or mental health if the intake screening pursuant to 28 CFR, Part 115.41 indicates that an offender has been the victim of sexual abuse or has previously perpetrated sexual abuse in an institutional setting or in the community.

DOM Chapter 5, Article 44 Section 54040.7: Referral for Mental Health Screening supports this standard and shows, if a history of sexual victimization or abusiveness is “reported by an offender” during the initial intake screening, whether it occurred in an institutional setting or in the community, the offender should be referred to mental health.

Staff interviewed stated if an offender reported history of victimization, whether this occurred in an institutional setting or in the community, would receive a mental health referral. He was not aware that offenders who reported a history of perpetration should also be referred. He stated CTF had only been assessing offender utilizing the PREA Screen for a short time and he had only been referring victim to mental health for about a month.

Health Care Services, Chapter 3: Medial Services C. Referrals to Mental Health indicates that an offender can be referred to mental health services at any time a staff member has concerns about an offender's mental health stability. The policy continues by listing specific instances where an offender should be referred for a mental health assessment that includes "An inmate has been identified as a possible victim per the PREA Rape Elimination Act." The policy shows offenders will be assessed by mental health within 7 days of the referral.

Medical or Mental health information related to sexual victimization or abusiveness that occurred in an institutional setting, is strictly limited to medical and mental health practitioners via the Electronic Unit Health Record (eUHR). The only staff allowed access to the eUHR are specific medical and mental health staff.

Mental health utilizes CDCR MH-744 Informed Consent for Mental Health Care to inform offenders of the limits to confidentiality. The Inform Consent clearly advises offenders Mental Health will report any allegation that if they report they have engaged in sexual misconduct or they have seen sexually assaulted or harassed other offenders.

Recommendation: Staff conducting the initial PREA Screener as well as staff who conduct the 30-day review of the screener would benefit from more training regarding when referrals to mental health is warranted.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

This standard requires victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. California Correctional Health Care Services policy, Chapter 16, 1.16.1 Prison Elimination Act Policy supports this standard. The policy shows, "When a patient alleges he/she is the victim of sexual violence or misconduct that occurred in an institutional setting, health care staff shall provide necessary and immediate emergency medical attention to the victim and suspect." In addition, the policy requires medical staff to offer and obtain consent for evaluation and treatment of STI/STDs and other tests that may be needed. CTF offers all treatment related to sexual abuse at no cost to the victim.

Staff interviewed verified following a report of sexual abuse, medical and mental health practitioners would be notified and the victim would receive immediate access to emergency medical treatment and crisis intervention services. Medical/mental health staff interviewed indicated custody staff work closely with them regarding emergency care. Offenders in need of emergency care receive care in a timely manner. There are on-call medical and mental health staff available at all times. CTF had only one investigation within the last 12 months that required emergency medical and mental health services.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

California Correctional Health Care Services 1.16.1 Prison Rape Elimination Act Policy and DOM Chapter 5, Article 44 Section 54040.10 Return to Triage and Treatment Area/Receiving and Release, outlines that all offenders who have been victimized by sexual abuse will be offered medical and mental health care in a timely manner regardless if it occurred in a facility, community or jail setting.

Section 54040.10 addresses how follow-up care is to occur and if necessary and how referrals for follow-up care should occur if offender is transferred or released.

Medical and Mental Health staff reported that care provided at CTF is consistent with the community level of care.

CTF does not house female offenders therefore (d) and (e) do not apply.

Staff reported that offenders who are the victim of sexual assault are offered a medical test for STD's. This is outlined in policy as well. Policy indicates there is to be no financial charge to the offender for any medical or mental health services performed due to a PREA event. This was confirmed by a file review and interviews with staff. Staff interviewed indicated offenders received more timely care and follow-up appointments than patients on the streets.

The auditors could not locate a policy that requires a perpetrator to be referred to mental health following a substantiated PREA investigation and subsequent violation hearing. Interviews with medical staff indicated medical staff make the referral to mental health and the mental health staff interviewed indicated they only see those referred. It was unclear as to what the proper protocol was when dealing with a perpetrator.

Recommendation: Policy and practice should be revised to ensure perpetrators of sexual abuse are referred to mental health for an evaluation following a violation hearing.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Section 54040.17 requires each Hiring Authority to conduct an incident review at the conclusion of every sexual violence or staff sexual misconduct investigation, including allegations that have not been substantiated. A review is not required for allegations that have been determined to be unfounded.

While the standard requires the review to occur within 30 days of the conclusion of the investigation, the DOM requires the committee to review incidents within 60 days of the date of discovery of the allegation. While the DOM does not mandate facilities meet the timeframe outlined by this standard, a random review of CTF investigative files demonstrated they conduct incident reviews as required by this standard i.e. within 30 days following the completed of an investigation.

CTF completes the Institutional PREA Review Committee form when conducting the incident review. The form contain all the elements required by this standard.

Recommendation: DOM be revised to meet this standard and facilities be required to complete incident reviews within 30 days from the conclusion of the investigation.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR has multiple ways to track PREA investigations conducted within the department. DOM Chapter 5, Article 44, Section 54040.19 outline how PREA investigations are tracked. The policy shows facilities must add new investigations to the Yearly Tracking Report each month and forward to the Department's PREA Coordinator. In addition, investigators must complete the Survey of Sexual Violence-Incident Adult (SSV-IA) form and forward to the Department's PREA Coordinator within two business days from "the date of the allegation".

Interviews confirmed the LDIs complete the SSV-IA for all allegations, including allegation where a victim is not identified or the victim denies the claim. PREA Unit confirmed these allegations were included in the data that was aggregated and reported to the Department of Justice.

It should be noted that CDCR utilizes PREA definitions noted on the SSV-IA and not the definition provided by "28 CFR 115.6 Definitions related to sexual abuse".

DOM Section 54040.19 requires the agency to aggregate the incident-based data at least annually. The agency provided documentation to demonstrate that they routinely collect incident-based data from contracted facilities and the data is reported to the Department of Justice when requested along with facilities data.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Section 54040.17 Institutional PREA Review Committee and Section 54040.19 Tracking- Data collection and Monitoring supports this standard. The policy requires the Departmental PREA Coordinator to review data collected on annual basis and prepare an annual report of their findings and corrective actions. The report forwarded to the agency Secretary for review and approval before placement on CDCR's website.

CDCR's website at <http://www.cdcr.ca.gov/PREA/Reports-Audits.html> includes CDCR's 2016 Annual Report.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

DOM Chapter 5, Article 44, Section 54040.20 PREA Data Storage and Destruction require collected PREA data be securely retained for 10 years after the date of initial collection as required by this standard.

The CDCR website contains aggregated sexual abuse data that contains no personal identifiers.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private

organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☐ Yes ☒ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

CDCR is a partner in two PREA Audit Consortiums. In 2017, 11 audits were conducted in California prisons. CDCR is scheduled to have 12 audits in 2018 and 12 in 2019 for a total of 35 prison during the second audit cycle. In addition, CDCR contracts for the management of nine facilities. Per state contract, these prisons must maintain PREA compliance.

CTF staff allowed the auditor access to all areas of the facility and provided all requested documentation. All interviews, both staff and offenders, were conducted in private settings. All mail forwarded to the auditor prior to the onsite audit was handled as legal mail.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

All audits, upon completion, are posted on the agencies website, which can be found at www.cdcr.ca.gov/PREA/reports-audits.html.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Vevis Sturm

10/16/2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.